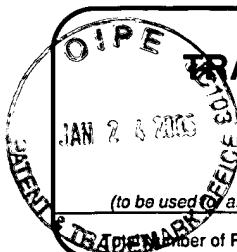

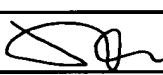


|                                                                                                                                                                      |                        |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|
|  <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number     | 10/601,048        |
|                                                                                                                                                                      | Filing Date            | June 20, 2003     |
|                                                                                                                                                                      | First Named Inventor   | CHERNYAK, DIMITRI |
|                                                                                                                                                                      | Art Unit               | 3737              |
|                                                                                                                                                                      | Examiner Name          | Sanders           |
|                                                                                                                                                                      | Attorney Docket Number | 018158-021800US   |
| Number of Pages in This Submission                                                                                                                                   |                        |                   |

| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard<br>PTO/SB/08A & PTO/SB/08B<br>1 PCT Search Report |
| Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                                                                     |          |        |
|--------------------------------------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name                                  | Townsend and Townsend and Crew LLP                                                  |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Nathan S. Cassell                                                                   |          |        |
| Date                                       | January 18, 2005                                                                    | Reg. No. | 42,396 |

| CERTIFICATE OF TRANSMISSION/MAILING                                                                                                                                                                                                                                     |                                                                                     |      |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                                                                                     |      |                  |
| Signature                                                                                                                                                                                                                                                               |  |      |                  |
| Typed or printed name                                                                                                                                                                                                                                                   | Tiffany Wu                                                                          | Date | January 19, 2005 |

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

**PATENT**  
Attorney Docket No.: 018158-021800US  
Client Reference No.: VX-1166

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On

1/19/05

TOWNSEND and TOWNSEND and CREW LLP

By:

Tiffany Wu



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

DIMITRI CHERNYAK et al.

Application No.: 10/601,148

Filed: June 20, 2003

For: WAVEFRONT  
RECONSTRUCTION USING FOURIER  
TRANSFORMATION AND DIRECT  
INTEGRATION

Examiner: Sanders

Art Unit: 3737

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

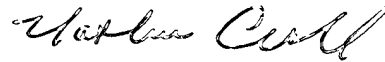
The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search/Examination report corresponding to the PCT application.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

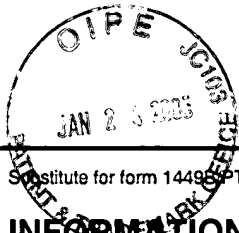
Respectfully submitted,



Nathan S. Cassell  
Reg. No. 42,396

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NSC:ewm  
60398577 v1





|                                                                                                   |   |                          |                   |                        |                 |
|---------------------------------------------------------------------------------------------------|---|--------------------------|-------------------|------------------------|-----------------|
| <b>INFORMATION DISCLOSURE<br/>STATEMENT BY APPLICANT</b><br><br>(use as many sheets as necessary) |   | <b>Complete if Known</b> |                   |                        |                 |
|                                                                                                   |   | Application Number       | 10/601,048        |                        |                 |
|                                                                                                   |   | Filing Date              | June 20, 2003     |                        |                 |
|                                                                                                   |   | First Named Inventor     | CHERNYAK, DIMITRI |                        |                 |
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|                                                                                                   |   | Examiner Name            | Sanders           |                        |                 |
| Sheet                                                                                             | 2 | of                       | 2                 | Attorney Docket Number | 018158-021800US |

| NON PATENT LITERATURE DOCUMENTS |                          |                                                                                                                                                                                                                                                                       |                |
|---------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Examiner<br>Initials *          | Cite<br>No. <sup>1</sup> | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item<br>(book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s),<br>publisher, city and/or country where published. | T <sup>2</sup> |
|                                 |                          |                                                                                                                                                                                                                                                                       |                |
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|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| Examiner<br>Signature |  | Date<br>Considered |  |
|-----------------------|--|--------------------|--|

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.  
<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.